

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
	OIG				

REFERRING AGENCY: **OFFICE OF INSPECTOR GENERAL**

Alleged violator's current county of residence: _____

CHECK HERE IF APPLICANT/RECIPIENT REQUIRES NOTICE OF HEARING IN SPANISH:

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CHECK REFERRAL:	<input type="checkbox"/> FSF (Food Stamp Fraud) <input type="checkbox"/> TF (TANF Fraud) <input type="checkbox"/> EBTFSF (Electronic Transfer Food Stamp Fraud)
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DFCS Food Stamp Case Number: _____ DFCS TANF Case Number: _____

DATE OF REQUEST FOR HEARING: _____

NOTE TO OSAH CLERK SCHEDULING HEARING: WHEN A PARTY HAS AN ALLEGED FOOD STAMP PROGRAM VIOLATION AND AN ALLEGED TANF PROGRAM VIOLATION, HEARINGS SHOULD BE CONSOLIDATED EVEN THOUGH FILES ARE SEPARATE AND SEPARATE ORDERS ARE ISSUED. FURTHER THE CENTRAL STATE OFFICE OF OIS SHOULD BE INCLUDED ON ALL MAILING GRIDS.

ALLEGED VIOLATOR

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	OTHER CONTACT NUMBER	EMAIL:
ATTORNEY NAME:	TEL NO:	FAX NO:
ATTORNEY ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO.:	EMAIL:
HEAD OF HOUSEHOLD (IF DIFFERENT FROM VIOLATOR):	TEL NO:	FAX NO:
HEAD OF HOUSEHOLD CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO.:	EMAIL:
ATTORNEY NAME (IF DIFFERENT FROM ABOVE) :	TEL NO:	FAX NO:
ATTORNEY ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO.:	EMAIL:

OIG AGENT (REGIONAL OFFICE)

NAME OF REGIONAL OFFICE:	OFFICE TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	AGENT'S NAME: EMAIL: SUPERVISOR'S NAME: EMAIL:	AGENT'S DIRECT TEL NO.: SUPERVISOR'S DIRECT TEL NO.:

DFCS OFFICE INITIATING REFERRAL TO OIG

NAME OF DCFS OFFICE:	OFFICE TEL NO: 706-935-2368	FAX NO:
ADDRESS INCLUDING ZIP CODE	CASEWORKER'S NAME: EMAIL: SUPERVISOR'S NAME: EMAIL:	CASEWORKER'S DIRECT TEL NO.: SUPERVISOR'S DIRECT TEL NO.:

NOTE: ATTACH A COPY OF THE ADMINISTRATIVE DISQUALIFICATION LETTER AND THE SUMMARY OF EVIDENCE.

Revised 03/26/13